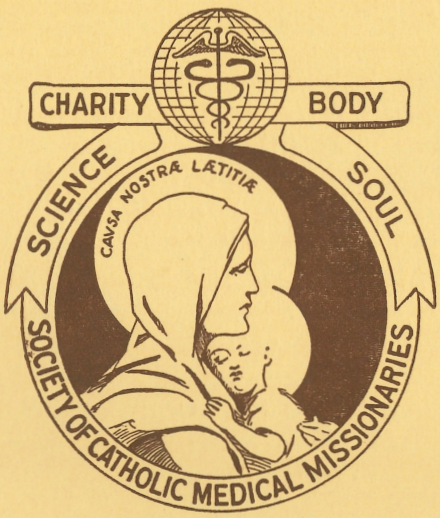
The MEDICAL MISSIONARY



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The MEDICAL MISSIONARY

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Co-founder of the Society and Spiritual Director of the Same

Dr. Anna Dengel, S. C. M. M.,

The Foundress of the Society and the Religious Superior of the Same

THE FIRST TEN YEARS OF THE SOCIETY

By DR. ANNA DENGEL, S.C.M.M.

September 30 is the anniversary of the day on which the Little Flower, patroness of missionaries, took her flight to heaven. It was also her first feast day as a canonized saint. We chose that day 10 years ago for the birthday of our Society. His Excellency, the Most Rev. Michael J. Curley, who had given his permission for the foundation in the archdiocese of Baltimore, kindly delegated the Rt. Rev. Msgr. Thomas for the occasion. Rev. Michael A. Mathis, C.S.C., who helped to found the Society, obtained the cooperation of the Holy Cross Fathers and Seminarians. Rev. Louis Kelly, C.S.C., celebrated the Holy Sacrifice of the Mass and the Seminarians provided the choir. A number of friends also had come to encourage us. We even received a birthday present from afar. It was very welcome, as we started out like many other religious communities with trust in God's Providence as our only possession. During the whole 10 years it has never failed us.

There were four of us when we started, two doctors and two nurses. The first year was devoted to our spiritual and missionary preparation. Looking back now, the most vivid memory which those early days recall is the inexhaustible supply of merriment freely expressed when the lack of this or that created many comic scenes. We all agreed that we had never laughed so much in all our lives. It was a happy year. We had the Blessed Sacrament in the house from the very first day. Very Rev. Gilbert Francais, C.S.C., Superior General of the Holy Cross Fathers had granted Rev. Father Mathis, C.S.C., permission to provide for our spiritual care. Rev. Francis Goodall, C.S.C., gave us our spiritual

instructions. He was so accommodating that when the north wind blew very fiercely through the many cracks of the windows and doors of our poorly heated house, so that our thoughts, not to mention our toes, were frozen, he followed our invitation to have class in the kitchen beside the gas range.

The profession of the first four members was the crown of the happy infant days of the Society. Rt. Rev. Bishop Shahan, who was ever kindly disposed towards us, presided over the ceremony. Very soon afterwards, the first departure to the missions took place. Dr. Joanna Lyons left to take charge of St. Catherine's Hospital in Rawalpindi. Her experience there was very valuable, as it gave her the opportunity of learning Hindustani and the manners and the customs of the people under the care of the Franciscan Missionaries of Mary. During this time also our own hospital, dedicated to the Holy Family, was built in the native city of Rawalpindi. The major part of the funds for the building had been donated in America, the previous year, mainly by His Eminence, Cardinal Dougherty, and the clergy and people of the Archdiocese of Philadelphia.

At the end of the year 1927, His Grace, Archbishop Mooney, then Apostolic Delegate to India, came on his visitation to the Punjab. Rt. Rev. Msgr. Winkley, the late Prefect Apostolic of Kashmir and Kafristan, invited His Excellency to bless the hospital, which he graciously did. However, patients were not admitted until February 2, 1928, when Sister Agnes Marie and Sister M. Laetitia, who were among our first four members, were ready to start with Dr. Lyons. The work in the hospital grew year by year. In the course of the seven years of its existence, over 2,000 in-patients and about 30,000 out-patients have found health or at least relief and comfort. Approximately 500 babies were baptized in *articulo mortis*, also a number of adults. Many Catholic patients had the opportunity of receiving the Sacraments; while

non-Christians had the chance to become acquainted with Catholic life, its morals and principles.

The Society at home grew slowly, but year by year more candidates entered so that in 1930 we were able to start a second mission. A local committee asked His Excellency, Rt. Rev. Timothy Crowley, C.S.C., Bishop of Dacca, for Sisters to conduct maternity and child welfare work in that city. His Excellency invited us to undertake the work. We were glad to accept it as this field of work, so great in mission countries and which religious as a rule do not undertake, was one of the reasons for starting a new society. Some time later the authorities of the Municipal Hospital of Dacca asked us to take over the supervision of the nursing of the 400 bed hospital and the training school for Indian nurses. This was in 1932.

In the meantime the rented quarters at home had become too small. We had to look for a bigger roof over our heads. We prayed and made an appeal and lo and behold the response was such that in 1929 we could acquire a house and grounds of our own. It is not large it is true, but it answered the purpose until now. Two years ago it already seemed to have reached the saturation point, every nook and corner being filled. But need is inventive. Somehow or other space for a bed is always found whenever a new postulant arrives, and every year there is an exodus of at least a few missionaries to India. That makes empty beds again! But the time is not far distant when it simply will not do any longer; we have to pray again and look for a new motherhouse.

In spite of the inconveniences of the present one, we are very much attached to it. In it memories have already accumulated of religious ceremonies of Christmas and Easter, of profession and retreats, of departures to the missions, of work and play, of hopes and joys, and difficult things too. The whole atmosphere is one of peace. Fields and woods surround us. Our nearest neighbors are Sisters from commu-

nities all over the United States, pursuing their studies at the Sisters' College. Looking out over the trees, we see the roofs and turrets of many religious houses of priests clustered round the Catholic University and to practically all of them we are deeply indebted.

The Washington Sisters also have shown true sisterly charity to us beginners. When Rev. Mother of the Sacred Heart Convent heard that we had permission to have a chapel, she at once offered us an altar and Rev. Mother of the Visitation Convent in Georgetown inquired in a motherly way, how many of us there would be, and sent the corresponding number of beds. The Benedictine Sisters, who were our neighbors in our first house, came to our assistance in every emergency. Trinity College already has given a college education to three of our medical students, and Georgetown University Hospital has helped with the nursing. All this has been bestowed upon us, and much more which cannot be enumerated, all given for heaven's reward.

Our work for the sick in the missions evoked also the sympathy of a number of ladies in Washington. They founded an auxiliary which proved to be a great blessing to the motherhouse. Doctors and dentists are also needed to care for our sisters and they have been most generous. And our many friends outside of Washington! They have supported us and encouraged us; they have helped the Society in innumerable ways, in the maintenance of the motherhouse, in the education of our sisters, in journeys to the missions, in our work there. Among our various group workers in the United States, the Little Flower Mission Circle of Harrisburg, Pa., and the Committee of the "Lots for Little" Thrift Shop in New York have been outstanding. We have received many touching letters from contemplative convents promising us spiritual assistance, and from schools assuring us of the prayers of the little ones whose supplications pierce the

clouds; even spiritual bouquets have come from novitiates.

The largest chapter of the first 10 years of our existence is what has been done for us to put us on our feet. Without our benefactors we would be helpless; and they by helping us have accumulated merits and fulfilled their duty of spreading the kingdom of Christ. One depends on the other; a beautiful arrangement in the Catholic Church, the mystical Body of Christ.

As the stimulus on the Catholic side to bring professional medical aid to the women of the Orient emanated from the British Isles through Dr. Agnes McLaren, and as a Committee which has worked faithfully all these years had been founded by her for that purpose over 25 years ago, it was natural that the Society would find a prepared field there for the establishment of a house. His Eminence, Cardinal Bourne, who admired the persevering efforts of Dr. McLaren and who was well informed about the great need of medical aid for the women of the Orient, invited the Society to start a house in London. Thanks to the generosity of two American women, the purchase was made possible in 1932. Ever since Providence has not left us without spiritual or material aid. The Vincentian Fathers kindly say Mass for us, and the Jesuit Fathers give us our spiritual instruction. The main purpose of this house is to make it possible, by degrees, for candidates of any nationality to enter in order to provide more laborers for the vineyard.

We have received many requests to undertake hospitals, etc., in the missions; on the one hand, it is encouraging, because it proves the need of the work, on the other, discouraging because, as yet, we can not always comply as our number is small in comparison to the demand. In this sense our growth the first 10 years has been slow; there are hardly 50 of us in all but I hope that with the help of God, the seed has taken root.

The decree of canonical erection was granted and a

canonical novitiate established, thanks to the generosity of the Holy Cross Sisters of St. Mary's, Notre Dame, Ind. This great service rendered to us, links us to them with a special bond of gratitude and affection. Our constitutions and rules, as revised in a general chapter held in Rome, 1932, were approved by His Excellency, Archbishop Curley of Baltimore. While the Society is necessarily regulated by Canon Law like other communities in matters spiritual and religious, in our work we have to adapt ourselves to the purpose and specific nature of our Society. This of course creates problems of pioneering until years of experience and tradition come to our aid.

From the beginning until the present time, the Rev. Michael Mathis, C.S.C., has been our guide and adviser and since he was released from his duties as Superior of the Holy Cross Foreign Mission Seminary he is devoting his entire time to us. We owe him and the Holy Cross Congregation very special gratitude and a share in our works on account of their solicitude for us.

One of the greatest joys and satisfactions of the first 10 years has been the Holy Father's benevolent interest in our Society which His Holiness expressed in these words: "Your Society responds to my thought and desire." What more could we wish our Holy Father to say!

The truly generous efforts of a multitude of friends to promote the bodily and spiritual welfare of less fortunate people in non-Christian lands, the faith, hope and hard work of my companions under pioneer difficulties, have been blessed by God. To Him be all thanks, all glory and a very fervent prayer that He may let us grow and develop solely to do more for His Honor and Glory and that those who are burdened with suffering, especially those who are outside the true fold, may be drawn in ever greater numbers to His compassionate Heart.

OSTEOMALACIA

By Sister M. Eleonore, S.C.M.M.

The study of the life of the purdah woman of India from a medical standpoint reveals conditions which are diametrically opposed to our present-day conception of hygiene and preventive medicine. Indian women, confined to dark quarters by their religious beliefs and restricted to inadequate diet by poverty and ignorance, fall victims to many diseases, one of which is osteomalacia.

Osteomalacia is a disease which by softening the bones leads to pelvic and other deformities and these are the cause of great suffering and loss of life in childbirth.

Friedrich von Recklinghausen, one of the most famous investigators of bone disease, classified osteomalacia with rickets under malacic diseases of bone and according to Dr. Ludwig Pick, "Osteomalacia is morphogentically rickets in adult life." Trousseau understood as early as 1849 the existing similarity between rickets and osteomalacia; this fact was not generally accepted, however, and men like Virchow thought the diseases to be distinct. Osteomalacia resembles rickets in that the normal processes essential to the formation of bone and to the upkeep of the skeletal system are defective and consequently the bones become soft and pliable. Instead of giving form to the human body they cause it to crumple together.

Symptoms

The most obvious symptoms are pain and tenderness of the ribs, pelvis, and the long bones of the extremities. It is at the time of childbirth that the suffering which accompanies these deformities becomes more acute and even fatal, because the bones of the pelvis are also affected. This bony framework which normally gives shape to the pelvis loses its hardness in ostemalacia and consequently becomes shapeless and distorted.

How extensive such changes may be, is illustrated by an account written by Dr. Kathleen Vaughan in which she states the case of a 28-year-old Hajra woman. This patient had not been out of the house after her eighth birthday; she was married two years before puberty

and her pelvic measurements show an average decrease of about 25 per cent below normal. There are many similar examples to be found in India and since skilled assistance is rarely available for such cases, mother and child have often been lost.

Some women are brought to the hospital after every attempt has been made at home by untrained midwives. Many of them can still be saved by operative measures, but in view of the fact that there are only 573 women doctors for the 150 million women of India, a large number die for want of special care.

DIET EFFECT ON OSTEOMALACIA

The pathological aspect of osteomalacia is revealed in a failure of the bones to harden. Normally bone consists of living organic and highly organized tissues, which are supported by an inorganic substance, the basis of which is mainly calcium phosphate and calcium carbonate. In osteomalacia these latter salts are lacking and this deficiency results in the softening of the bones.

Furthermore an examination of the blood shows that in osteomalacic patients the calcium content is from 4.65 to 7.4 mgm. per 100 cc., while the normal is from 9 to 11 mgm. per 100 cc. Phosphorus is also below normal, namely 1.8—3.15 as compared to the normal of about 5.

Laboratory examination of the execreta shows an increased amount of calcium and phosphorus. It would therefore appear that the body cannot absorb the calcium and phosphorus in the diet but excretes it unutilized. This would account for the absence of calcium salts in the skeletal structures.

But why cannot the body absorb these necessary compounds? An answer to this question may be found in our knowledge of calcium metabolism. Calcium is an important physiological element for the reason that it gives hardness to the bones and it is essential to the normal function of various vital processes of the body. Phosphorus is equally essential. Adults require between 0.4 to .68 gm. of calcium daily, while growing children need much more. These substances are obtained from milk, butter, eggs, vegetables, and other constituents of the daily diet by means of absorption in the intestinal tract.

THE IMPORTANCE OF VITAMIN D

The extent of this absorption, however, depends on the presence of vitamin D. Little is known of the exact mechanism of this vitamin,

but it is a fact that in its absence the calcium of the food can not be absorbed by the body. Vitamin D therefore controls the calcium metabolism to a considerable extent and carefully controlled experiments have proved that moderate amounts of vitamin D augment the amounts of calcium and phosphorus absorbed from the foodstuffs.

Further investigation proved that ultra-violet radiation changes certain substances, present in foods, to vitamin D. The exact compound thus acted upon by these rays of the spectrum proved to be ergosterol, which might therefore be called the precursor of vitamin D. Going one step further, we learn that ergosterol is found in the skin of man and animals. After being converted by the ultra-violet rays of the sun into vitamin D, it is absorbed by the blood stream and carried to different parts of the body where it is utilized or stored. These results obtained from laboratory experimentations, namely that calcium, vitamin D and sunlight are essential to the formation of bone, agree perfectly with the clinical observations of osteomalacia.

The prevalence of osteomalacia in India and its heavy death toll gave the impetus for an osteomalacia inquiry in Palampur *tahsil* of the Kangra District. Dr. Dagmar Curjel Wilson was placed in charge of a committee which carried out the inquiry under the auspices of the Indian Research Fund Association.

OBSERVATIONS OF THE INDIAN RESEARCH ASSOCIATION ON OSTEOMALACIA

In the Kangra Valley osteomalacia is called "chinjroi" which means joining together of bones. Kangra is one of the most densely populated districts of the Punjab. The climate is warm and moist, the elevation about 3,000 feet, and the rainfall averages 100 inches per annum. The soil is untillable because of the many rocks and stones present and it is deficient in lime, phosphorus and magnesium. Only an area of 769 square miles is cultivated. The excessive density of the population here is rated at a total of 837 persons to the square mile.

As a result of these conditions the inhabitants are of a poor physique and osteomalacia is common. In one little hamlet five victims died in childbirth during the six months previous to the investigation, while a sixth case was persuaded to come to the hospital for Caesarian section. In all, 177 women and children from 59 different

villages and hamlets came to the Palampur mission hospital for treatment during the first half of 1930.

Launa, which lies at the foot of the main range of the outer Himalayas, was studied in detail. Conditions of living there are such that most of the inhabitants get enough sunlight. They have two crops annually, consisting mostly of rice, maize, wheat and tea, but very few vegetables and little fruit. The latter could be obtained but the old Rajput warriors did not believe in agriculture and the poor people still cling to that tradition and refuse to vary their diet with the vegetables and fruits that they need. As a result their diet is unbalanced and lacks several minerals and especially vitamin D. Investigation showed that the incidence of osteomalacia among them is very high. Out of the 24 households belonging to the caste of Chumars, only two escaped the disease. The condition was more severe among the women who strictly observed purdah.

Dr. Kathleen Vaughan, who worked for many years in Kashmir, says that osteomalacia is extremely common among the women in that area. During her first year as superintendent of the Maharajah's Zenana Hospital in Srinagar, she performed 29 Caesarian sections, at least 25 of which were due to pelvic deformities caused by osteomalacia. She writes: "Almost all Kashmiri women who live in the towns and have borne children are affected in some degree with the exception of the manji (boatman class). I have never seen a case among them." Dr. Arthur Neve, Protestant missionary to India, says that in 25 years experience in India he never remembers having seen a case in a boatwoman. These women work hard and live in the open air on the large boats which are used to transfer rice, wood, etc., along the Jhelum River. They get enough food and eat many vegetables as well as much fruit.

The findings in Bombay are very instructive. A doctor who worked among the Parsee women tells that he did not meet one case of osteomalacia in 25,000 deliveries. The Parsee women have great freedom and do not marry until they reach the age of 20 or 22. In the same town, however, the women of the weaver class who live in dark rooms are almost all affected by osteomalacia.

The conclusions at which Dr. Wilson and his collaborators arrived after their survey on the occurrence of osteomalacia are in accord with the facts observed in Kashmir, Bombay and elsewhere: namely, lack of sunlight, a diet deficient in vitamin D and certain other minerals, or either of these conditions is constantly found in cases of osteomalacia; this disease does not occur where diet, housing

and customs provide sufficient exposure to sunlight, and a well balanced diet; therefore lack of vitamin D, certain other minerals and sunlight are predominant causative factors of osteomalacia.

TREATMENT

The information obtained from the Wilson's committee was applied through the agency of the Punjab Red Cross, the public health and the agriculture departments of the Punjab and the Canadian Medical Missions.

In Lahore, for example, the effect of treatment given to 107 Mohammedan, Hindu and Sikh women and children was observed and showed that improvement in diet leads to improvement in symptoms only when sunlight is available. More rapid improvement was obtained when daily exposure to the sun, improved diet and vitamin D administration were combined. Best results were thus noticed in Lahore, Amritsar and Simla after giving vitamin D in the form of ergosterol, ostelino, vigantol or cod liver oil. Moreover milk, fresh fruit, or greens were added to the diet and sufficient sunlight was provided as well as daily massage in order to improve the circulation.

In Launa several groups of patients were subjected to a different course of treatment. Group A was given fruit and vitamin D preparations; these patients showed improvement. Group B received fruit and milk; the result was that these patients improved only slightly. The treatment of Group C consisted of fruit, milk and vitamin D in the form of irradiated ergosterol and these patients showed remarkable improvement. It was observed, however, that the full benefit of vitamin D administration is obtained only when vitamin A and C are also included in the diet.

The Indian Investigation Committee offered the following suggestions:

The Agricultural department of the Punjab should encourage the cultivation of vegetables and supply seeds for cabbage, cauliflower, spinach, *bunjals*, turnips, soja beans, etc.

Hospital and dispensary facilities should be improved so that better diagnoses can be made and treatment given at an early stage of the disease.

Women and girls should be taught how and what to cook, and also the fundamental principles of hygiene.

The realization of these suggestions would indeed be a step forward. It will, however, demand much effort and devotion to the

(*Continued on page* 168)

The Society at Home and Abroad

Bishop Keough Presides at Ceremonies

The ceremonies of Profession and Reception took place on the feast of the Assumption, Sister M. Stephanie, of Oberhausen, Germany, making the Mission Oath and pronouncing the First Vows, and the following candidates receiving the habit of the Society: Sister M. Bernadette (Miss Elizabeth Dömmel, Pétcs, Hungary); Sister M. Barbara (Miss Ruth Taggart, Wilmington, Del.); Sister Ignatius Marie (Miss Ellen Desmond, Sommerville, Mass.); Sister M. Camillus (Miss Vera Peterson, Brooklyn, N. Y.); Sister M. Pauline (Miss Anna Mae Downing, Manchester, Conn.); Sister M. Francis Patrick (Miss Agnes O'Sullivan, New London, Conn.); Sister Marie Celeste (Miss Celeste Flach, Augusta, Mich.).

His Excellency the Most Reverend Francis P. Keough, D.D., Bishop of Providence, R. I., presided at the ceremonies and at the Mass. The Reverend Francis J. Deery of Providence, and the Reverend Joseph H. Seiferman of Somerville, Connecticut, acted as Deacons of Honor and assisted Bishop Keough in presenting the habits to the candidates. The sermon was delivered by the Reverend Urban Adleman, O.M. Cap.

The Solemn High Mass which followed the Reception ceremony was celebrated by the Reverend Michael A. Mathis, C.S.C., assisted by Reverend Father Luke, O.M. Cap., as Deacon, and the Rev. Father Gabriel, O.M. Cap. as Sub-Deacon. The Reverend John Molter, C.S.C. of Holy Cross College, Brookland, was Master of Ceremonies.

The Medical Mission House Chapel being small, the Reverend Francis Goodall, C.S.C., kindly offered us the use of the chapel of the Foreign Mission Seminary of Holy Cross. This made it possible for the relatives and friends of the newly received to be present.

THE GRAVEYARD THAT WAS QUETTA

BY SISTER MARY LAETITIA, S.C.M.M., *Rawalpindi**

"Help us in our urgent need," cried thousands of Quetta's stricken people. Such a cry was irresistible. Two of the Medical Missionaries went down to Lahore to help some of the hundreds who had been sent there. Quetta had to be speedily evacuated on account of the devastating fire that was raging, and also for the reason that the authorities feared an outbreak of Cholera. It is said that the actual earthquake lasted only about half a minute but that the movement was as though a dog had a rat in its mouth, violently shaking it back and forth.

MORE MEN SURVIVORS THAN WOMEN

Practically all were very badly injured, their bodies filthy and racked with pain, their eyes inflamed from dirt which had worked itself in while they were buried and powerless to move, and their hearts broken by their grievous losses. Almost all had two or more complicated fractures, often accompanied by the loss of a limb and other injuries. One little man had a broken back and an amputated leg, and other complications. One day when the stump was being dressed he seemed to be in great pain, so the sister urged him not to look at it. "Not look at it!" he said, "do you think that a little thing like that could upset me when I was buried alive for three days with a crushed back and leg!" It was quite true, even up to the sixth day they were still bringing the victims out alive. Babies, they said, had actually been born under the ruins. On the second day, one young mother was dug out, quite dead, her 18-months-old baby still clinging to her dress and yelling the place down.

One young girl, buried but unhurt, energetically set to work and within six hours managed to dig herself out. Then she went in for her sister whom she succeeded in extricating three hours later, unfortunately with a crushed leg and a fractured pelvis. Poor girls! Along with them were buried their mother, several brothers and sisters and 18 more male relatives, all dead. It struck one, however, that there were many more men survivors than women. Perhaps owing to the more or less prevalent purdah system, the women were sleeping in inner rooms and the men outside.

*Sister Mary Laetitia and Sister Mary Ann volunteered and were accepted for relief work in a Lahore hospital where many of the patients who were injured in the earthquake at Quetta, India, on June 1, 1935, were taken.

THE TWO DAYS' JOURNEY

At first everyone refused to leave Quetta; their possessions and their dead were there and *there* they were going to stay, so they declared. For 18 hours an empty ambulance train stood by, waiting. Then another big shock came, and, within half an hour, the injured were packed into the train to the number of almost fifteen hundred. One shudders to think of the heart-rending agony of that two-day journey for those hundreds with fractured and crushed limbs. A number died on the way. This delayed the train more. Along the route people flocked to the stations, partly out of curiosity and partly to give the injured whatever they needed. People were very generous to the train loads that passed through their towns.

When the big earthquake came one European family, consisting of the father and mother and a little girl of 10, dashed out of the house. Then the father went back to help the servants, and the mother to render first aid. Later they missed the little girl and after a long search they found her in the ruined house where she had gone to rescue the kitten. Her back had been broken by a part of the roof that had fallen on her. She had been dead for some time.

INESTIMABLE LOSSES

Nearly all seemed to have lost everybody and everything they possessed. One schoolmaster said that he had lost his wife, six children and every cent he had ever owned, and that his school lay in ruins. "Yes," he repeated, "every pie, every pie" (about one-fifth of a cent). The pies seemed to grieve him most of all. One day he astonished the sister by asking through what medium he should apply for leave as he was a government servant. Poor, unfortunate creature! There he lay with a fractured spine and all its attendant complications, his school a wreck, and yet he was worrying about being absent without leave.

Another man said that he also had lost wife, children, home, business and six bull terrier pups. He almost cried one night when a friendly little dog followed the sister into the ward and insisted on helping her fix up the patients, with a wag of an optimistic, fluffy tail and a lick from a pink tongue. This patient was very depressed and well he might be for he was one of the many who had broken backs and he also had an amputated leg. Alas! his business consisted of a taxi which he used to drive himself. One day when the sister entered the ward his eyes were shining and he called to tell her that

he had just heard that one child and two bull terrier pups had been saved (bull terrier pups were the only three English words that he knew). One dog managed to dig itself out, then sniffed around until it found another of its ilk alive, got it out and then the two of them went on a voyage of discovery. Presently they saw the ankle of a living child sticking out of the debris. One sank its teeth into the ankle and the other dug around, until between digging and tugging and pulling they got the child out almost unhurt except for the teeth marks on the ankle. When the little man found that he still had something living that belonged to him his whole outlook changed and he was as pleased as if he had been left a fortune.

THE HOSPITAL A TRAGIC PLACE

The hospital was really a most tragic place, for added to intense physical suffering was the terrible mental anguish of having lost their all. All but a few very placid dispositions suffered from various degrees of nervous shock; the slightest noise would unnerve them and their sleep was broken by their screams and shouts, and groans and moans. Yet on the whole they bore their sufferings with patience and seldom grumbled.

One very young Sikh man (with a ticket to heaven) behaved like a saint. He had a fractured spine, an enormous bed-sore and various other troubles, yet he always had a gentle smile and was always "achcha" (good), even though he suffered agonies of pain. One day he was taken to the operating room and encased in a plaster jacket which was removed a few hours later. On being asked why that was done he smiled humorously and said: "Doctor *Sahib ki merzi!*" (the will of the doctor). He confessed that he had been badly hurt during the procedure, but cheerfully added that he felt much better in it and he was sorry that it had been removed.

EUROPEAN WOMEN RENDER FIRST AID

The European women displayed heroic courage. Although many of them had lost their children and husbands yet almost immediately, hatless, shoeless, and clad only in pajamas they crawled among the ruins rendering first aid to the injured with as much calmness and coolness as if it were an everyday occurrence. Indeed within half an hour everything was as though the British officer in command had gone to bed with all his plans for relief, etc., fully matured the previous evening. There was need for speed because Baluchistan

is a country of fierce wild tribesmen who began to loot in the blink of an eye, and only extreme measures put an end to their activities.

As soon as possible Quetta was closed to all outsiders. One day long after the earthquage an old man was seen wandering around among the ruins. When they went to arrest him as a looter, he told the amazing story that he was a sweetmeat merchant and had been buried along with his sweets for 40 days. He lived on these, and a jar of water all this time; and by means of an iron spoon, the remains of which he produced, he managed to dig himself out. On the fortieth day he saw daylight.

The Presentation Sisters in Quetta managed to save all their school children and all their own lives. Only one old sister was slightly injured. The convent wall sagged, but the roof withstood the shock, though it will all have to be pulled down, and they had just finished paying off the debt on the building!

The Viceroy and Vicrene of India visited all the hospitals, speaking to each patient individually, and thanking all the relief workers. Lady Willingdon was especially interested in the work of the Society and made many inquiries about our work in India.

A PALKEY RIDE

BY SISTER M. LOURDES, S.C.M.M., *Dacca, Bengal.*

Travelling to the Indian villages is not an easy matter, especially for the new missionary. A short time ago I had to make a journey from Toomiliah to Nagri, a distance of about four miles; walking was impossible owing to the extreme heat and a boat trip could not be considered as the river had almost dried up.

On asking how I should get there in view of the foregoing facts, I was told that a Palkey would take me. Very innocently I agreed, but you can imagine my feeling when the conveyance arrived. It consisted of a wooden box three feet long by two feet wide and just over two feet high. Poles at either end enabled the four coolies to support it on their shoulders. I protested strongly that I would walk but this did not avail. In fact my discomfiture seemed to be a source of amusement to everyone.

The time of the departure arrived. Two pillows were placed at one end of the Palkey taking up nearly all the available space. Still wondering how I should ever get into such a narrow space, I got on my hands and knees and crawled in. Behold the result of this brave

The Annunciation of Our Lady

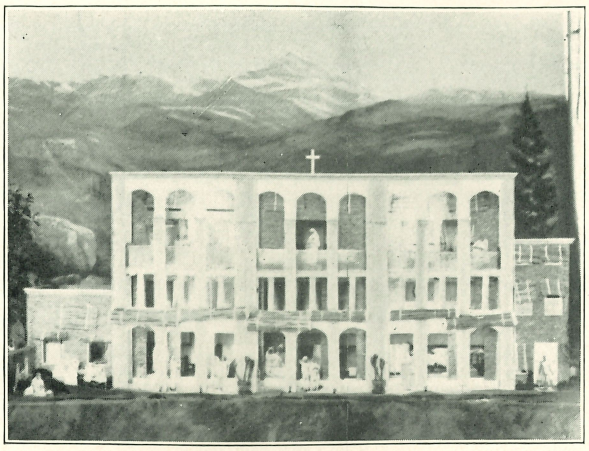
The Principal Feast of the Society Under the Title
"Cause of Our Joy"

Group of Professed Sisters and Novices at the Mother House, Washington, D. C.

Our Staff of Sisters, at Holy Family Hospital, Rawalpindi, India

Our Sisters in Charge of the Nursing and Training School and Maternity Centers at Dacca, Bengal, India

Sisters at Mater Christi House, Osterley, England



Sister Elizabeth's Handiwork; Holy Family Hospital in Miniature

Ruins of the Persian Legation in the Quetta Earthquake

effort: my head hit against the end, my knees gave my chin an unexpected push and my head almost made a hole in the roof!

I quickly decided that it was impossible. "A Palkey may be all right for Indian women," I protested, "and besides they are accustomed to squatting and can easily adjust their small stature to a limited space." "No! I *will* walk," I said again. Alas, my protests were in vain. I must make the best of the Palkey, so I changed my position and sat with my feet dangling outside the door. This change proved to me that my back was too long for a Palkey. Consequently, my dorsal vertebrae impinged against the upper part of the door, and my head bent forward in a most uncomfortable manner.

Again I pleaded that I would walk, only to be told by a veteran in Palkey rides that she would show me how to adjust myself to the small space. To have to be shown was too much for a Medical Missionary. Quickly I drew my feet inside, turned on my right side in an attitude of flexion and with my knees through the door waved good-bye amid much laughter.

The coolies trotted along at a rapid pace, jolting the passenger not a little. Occasionally one of the coolies would stop and urge me to lie straight as my knees which extended through the door tilted the Palkey and disturbed the balance.

A Sister *memshahib* in a Palkey was quite an event for the scattered villagers. Usually the occupant is well screened to insure strict *purdah* but I had dispensed with the curtains, grateful for all the air obtainable. To my embarrassment crowds of children from each *bari* followed the Palkey at the same pace as the coolies. One little fellow showed a deeper interest than his fellows. He ran ahead and at short intervals faced me and salaamed in a very grave manner.

The carriers appeared to find me a heavy burden. Many times they stopped to rest. Twice I got out and walked a little (despite the indignity of getting in again). As we neared the journey's end I decided to dispense with their services, but they refused even to stop, hoping to prove that their payment had been well earned. Again I gave in and on reaching my destination amid an admiring audience, I crawled out, saying, "Deo Gratias! but never again!"

Alas, a few days later I had to continue my journey and when I inquired the means of transit, they told me a *Palkey*. Words failed me and when the Palkey arrived I meekly got in and resigned to my fate, called to the carriers, *"Achcha! Jao!"* (good! go ahead!).

TATTOOING IN INDIA

By Sister M. Ann, S.C.M.M., *Rawalpindi.*

Oriental women as a rule are much more lavish in the art of personal adornment than women at home. Especially around the face, neck, and arms one sees much jewelry, although ankles and toes are by no means neglected. However, marks made with paint and dyes figure largely in milady's costume.

I was surprised to find tattoo marks so common among Indian men and women. Until recently I thought that tattooing was confined to the lower classes as so many of our poorer patients had their arms and wrists adorned with their initials or some more simple design. Then I came in contact with a young patient from Baluchistan. She was very fair and very beautiful. Her body was further enhanced by a rather pretty design tattooed on the centre of her forehead and repeated on the upper lip and chin. On making enquiries I was told that it was a very ancient custom widely practised in India, Burma, and Ceylon.

The art is of Polynesian origin, the root of the word being "ta" meaning "to strike" suggested by the primitive method of tattooing which consisted in beating into the flesh a fine-pointed bone, dipped in some mixture which left an indelible mark behind. Among the Hindu legends we find the story of the god Vishnu who tattooed the arm of Lakshmi, his wife, with the figure of his weapons, and also the Sun, the Moon, and the Tulsi plant as a protection for her while he engaged in distant wars. He also promised that all the faithful who wore the same marks should be protected from evil influences. One writer tells us tattooing was resorted to in some instances as a means of being delivered from pain. The tattooing instrument in these cases being dipped into some concoction known only to the ancient doctors.

Again we find that tattoo marks have a religious significance. There is a widespread idea that while the clothes of a woman do not go with her into the next world her tattoo marks at least survive death. Low caste women believe that without these marks their parents will not recognize them in the next world. Others say that when they arrive in heaven, the great god accepts these marks as

a proof that they have lived on earth. Without such marks they are reincarnated as evil spirits or dragged through thorns to supply the tattoo marks. Again we are told that such marks prevent their destruction by Yama, the god of death and serve as a passport for the forgiveness of their sins.

It appears to be the unanimous opinion of writers that tattooing is primarily resorted to as a means of attracting the opposite sex, as a love charm. Hindu women are said to have used it as a guarantee that they will pre-decease their husbands, the great wish of every true Hindu wife. In some places tattoo marks take the place of garments, the exposed parts being covered with very fanciful designs. The more widespread use of clothing has led to a decrease in this art.

In this country the practice of tattooing is chiefly carried on by wandering Gypsies. They travel about with instruments, dyes and sets of patterns. The latter are submitted to their prospective patrons who select those suited to their fancy. The operation is performed with two or three steel needles fastened together with thread, only the points being exposed. These are dipped into a pigment before the skin is punctured with them. The pigments vary in different parts, usually black or green is used. Sometimes indigo or vermillion dipped in human milk is employed. In many cases the leaf of a common plant (Eclipta alba) is rubbed on the punctures and produces a deep blue-black color.

The designs vary in different parts of the country. Among the ladies of South India, flowers, trees, animals, birds and the sacred symbols of their gods are the ones most frequently used. Wild animals, scorpions, and birds are common among the nearly extinct Vaishnavas, while the Tamils and Punjabis are fond of having their initials marked on their arms. Among the Todas tattooing is practised on women only after they have given birth to one or more children. The Gond woman tattoos her legs just as far as she allows them to be seen.

Although tattooing is much more common among women than men in Burma, we are told that every boy is tattooed from waist to knees. Moreover they have special tattoos which prevent them from feeling pain when carved and all men are tattooed with tabarist words or numbers to protect them in warfare. The latter must be in red above the waist with a mixture of vermillion and human fat and while the operation is being performed the candidate must hold a piece of human flesh between his teeth.

THE ENGLISH IDEA OF A MISSION EXHIBITION

By SISTER M. ELIZABETH, S.C.M.M., *London*

The way in which the Association for the Propagation of the Faith in England manages its mission exhibitions is in interesting contrast with that of the Society of the same name in the United States. Both are working for the same end—the propagation of the Faith—but both approach the problem from different angles.

The ideal of the English Association for the Propagation of the Faith is to give the observer a complete picture of every aspect of mission work. This is accomplished by permitting each community of priests and sisters to exhibit only one phase of mission work, which usually is their chief and most characteristic branch. In this way there is no possibility of duplication among the various booths. As one enters the exhibit hall, for example, one sees on the left a booth showing all kinds of native handicraft and embroidery. Above this hangs a placard which reads: "Native Handicraft presented by the White Sisters." Nowhere else in the exhibit will you find the same type of work. Perhaps and very likely, other sisters teach natives the same art, but it is the White Sisters' part to display and explain this side of the whole field. The same principle holds throughout. Farther along is a miniature African village presented by the Jesuits. Across the hall, the leprosy work of the Franciscan Missionaries of Mary is put before our eyes in a vivid scene of a sister bandaging a reclining African leper. Both figures are life size.

The Helpers of the Holy Souls show all their work in connection with the training of native sisters in China. Their exhibit is framed by a Chinese pagoda draped within, with golden-brown damask. Against this background of different

tiers, little cut-out and mounted photos describe their work. In one their Mother General is being carried around in the ubiquitous rickshaw; in another one sees rows of little native sisters, Presentandines, sitting demurely (for the photographer?). If you visit their booth one of the Mothers will pull a string and the little Chinese boat proceeds rapidly up the canal.

Then we come to the display of the Sisters of Charity, "The Work of the Holy Childhood." Here a beautifully hand-painted canvas depicts a lake in China with two Sisters in a boat, rowed by a Chinaman. Before the canvas stand two life-size Sisters of Charity and a little Chinese girl. The latter is pointing to a baby lying in the marshes. On the right is the little Infant Jesus sitting above a tall ladder and Chinese babies of all sizes and ages are mounting this ladder to heaven. At every exhibition the center of the stage is reserved for a life-size native priest, clothed in beautiful vestments. Behind him is a painting of the Sacred Heart. Above the priest and forming a frame for the whole is an arch upon which is written: "This is the Crown of Mission work, a Native Priesthood.

Our Society of Catholic Medical Missionaries has for its contribution a miniature Indian hospital set at the foothills of the Himalayas. The model was erected from a picture of our own hospital in Rawalpindi, India. The figures are also mounted photos cut out. A real operation in progress is shown in the operating theatre; the nursery reveals two babies enjoying their baths; various Hindu and Mohammedan women are seen reclining on their *charpoys* (string beds) in the garden; handsome Sikhs are coming to call on their wives; while little boys and girls are being shooed away from the dispensary by one of the sisters. The building is of brick with stone trimmings, measuring three feet high and eight feet long, and the whole is illumined by electricity.

Each exhibit is planned and executed by the community

which presents it, but is paid for and owned by the National Association for the Propagation of the Faith, under the skillful direction of Msgr. Basil Gudgeon and the able management of the Rev. George Telford. The Association for the Propagation of the Faith stores the exhibits between times, but the sisters and priests are invited at the expense of the Association for the Propagation of the Faith to assemble their own displays and to talk about them and incidentally about their own work.

The object is that all should work for the propagation of the Faith and not exhibit simply for the purpose of grinding one's own axe. That part, of course, comes in, but it is secondary and not the objective. There are photos and statistics contributed by the various communities and there is a literature table where some of their literature is sold and some given away. In addition to this, literature may be given away at the individual booths but not sold.

One might well ask if the exhibitions change from time to time. The answer is that everyone tries to improve on his or her own booth but the character of it is not changed; and the reason that there is no necessity for this change is that the place where the exhibition is to be given is always a new one and this condition will exist over a long period of time. The plan is to exhibit all over England, not merely in London, but when in London, always in different parts. When it becomes necessary to repeat, the lapse of time will produce sufficient innovations to give it variety.

The American Society for the Propagation of the Faith, on the contrary, invites all to participate; each community pays for its own exhibit and duplication may be carried on ad lib. It certainly is a greater tax on the individual community and very possibly begets ingenuity and originality of ideas; but on the other hand there is bound to be duplication. The observer comes away with the idea of a bazaar where most of the wares are not for sale. She may be more impressed by

the amount of work being done, the vastness of the territory covered, but it is very difficult for her to visualize a composite picture of mission work. The very hugeness of the exhibition appalls her. A New York college girl coming away from the exhibition given at the Hotel Commodore in 1934 would probably talk to her friend about it in this way:

"My! It was a wonderful exhibition! I'd like to go again. Did you see the amber elephants those Fathers had, and those girls dressed like Filipinos? The dark one was a pretty girl. I think I've seen her before. The missionaries must be awfully cold up there in Alaska. I must say I think that that Japanese embroidery was beautiful. Imagine being able to sew like that. It makes me feel very worthless when I think of the quantities of sisters and priests working in those strange places. I wonder what their work is really like after all."

Having seen both, that is the English and the American exhibits, one cannot help being won by the merits of the English plan. Perhaps, it could not be carried out in such a vast country as the United States, but it certainly leaves one with a very complete and clear view of mission work, of the crying need for missionary priests and sisters, and of the joy and glory of the mission apostolate.

A Big Day for Mitford Hospital, Dacca

His Excellency, Sir John Anderson, Governor of Bengal, officially opened the new obstetrical ward of Mitford Hospital on July 15, 1935. The ward and grounds were beautifully decorated with ferns, flowers, and flags and the whole hospital presented a gala appearance. All the members of the staff had the privilege of meeting the governor. His Excellency gave a short address in which he stressed the great need of skilled maternity care not only at the time of birth but also ante-natal and post-natal work.

(*Continued from page* 155)

cause of the women of India before their living conditions will be extensively improved.

Rightly did the president of the Medical Women's International Association, Dr. Alma Sundquist, praise the work of her colleagues in tropical countries—"where the women doctors are building up a kind of new civilization, giving not only medical care and treatment to the women and children, but introducing moral and social hygiene." Here is a large field for the medical woman, for it is only she who has access to her purdah-sisters of the East.

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WHAT THE CHURCH EXPECTS OF A CRUSADER

By THE REV. MICHAEL A. MATHIS, C.S.C.

After listening to the inspiring panegyrics * of the Church in action, both on the far-flung battle lines of pagan countries and in the mission trenches of our own home-land, it is but natural for us, as crusaders, to ask ourselves the question: What is our part in this Divine adventure? What is the student's place in the mission program of the Church?

No less an authority than the Vicar of Christ, our gloriously reigning Pope of the Missions, has declared this program to be none other than the primary purpose of the Church herself in these unmistakable words: "The Church has no other reason for existence than, by enlarging the Kingdom of Christ throughout the world, to make all men participate in His salutary redemption."

If we stop for a moment to break up this program into its component parts we shall see that, besides the most important contribution of all, namely, God's grace, three chief elements combine to make Catholic missions: prayer, missionaries and funds.

Of these, prayer is unquestionably the most important. Indeed, without it, the other elements would be useless. The reason for this is almost obvious: conversion is a divine work, primarily a work of God's grace in human souls, and the surest way of procuring that grace is humble prayer to the bountiful Giver of all grace.

Our Holy Father's teaching on this point reads like a paragraph of St. Paul: "Even though the missionaries," he says, "labor zealously, though they work and toil and even lay down their lives in leading pagans to the Catholic religion, still all this shall be of no avail, all their efforts shall go to naught, unless God touches the hearts of pagans to soften them and to draw them to Himself."

For these reasons, one of the greatest achievements of the C. S. M. C. is to have placed upon a throne of glory the necessity and practice of prayer for the conversion of non-believers as the first and most important duty of crusaders.

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* A survey of Catholic Missions, both foreign and home, by the Rev. John Considine, of Maryknoll, and Rt. Rev. Eugene McGinness, of Church Extension, respectively.

After prayer, the missionary is the most important element. The missionary is ordinarily an essential requirement for conversion. Although God could have saved all flesh without the ministry of creatures, He has designed to save man through man. Perhaps this is the principal reason for the Son of God becoming man. One of the first things the Master Himself did to insure the conversion of the world was to gather about Himself disciples, and from among them He chose twelve whom He called apostles and whom He trained for a missionary career.

Because there is much confusion, even amongst Catholics, about missionaries in the mission program of the Church, I shall go into further details on this subject. There have always been two kinds of missionaries in the Church, vocational and ordinary. A vocational missionary is one who, like the apostles of old, is called by God to devote his life exclusively to a missionary career. His function is to establish the channels of grace in any country. When this is accomplished, he moves on to some other unoccupied field, leaving it to the ordinary missionaries to complete the work of conversion by making all men drink of the already established channels of grace. In practice the work of a vocational missionary comes to an end with the creation of a native clergy, competent to shepherd its own flock. Vocational missionaries are, therefore, primarily, though not exclusively, pioneers. These are today called foreign missionaries because ordinarily they must leave their native land to bring the torch of faith to those sitting in the darkness of pagan and infidel lands. Besides foreign missionaries, there is another group of vocational missionaries, those who remain at home to work exclusively either for the conversion of non-Catholics or for the consolidation of Catholic life by special exercises called missions.

The non-vocational or ordinary missionary is any bishop, priest, brother, sister, or lay person who does not devote his life exclusively to missions but who does what in him lies to share with others the blessings of our holy Faith. It is his tremendous task to take up the work where the vocational missionary leaves off, namely, to Catholisize the whole nation.

We are so accustomed to think of a missionary only in terms of the vocational species that the very real sense in which every Catholic is called to share in this apostolate is sadly underestimated. Indeed it is my humble judgment that one reason why the world is not being converted more rapidly is due not only to the fewness of vocational

missionaries but also to a lack of understanding or perhaps better of appreciation of the ordinary missionary. Hence, without underestimating the crucial importance of the vocational missionary, I want tonight to emphasize, for the special benefit of the vast majority of men and women who are not called to be vocational missionaries, the place and work of the ordinary missionary.

Furthermore, it seems to me that the time has come in the development of the Crusade when it must take official cognizance of this phase of mission work. I am convinced that a constructive policy in this regard is destined to bring into our Crusade the red blood of new vigor by making actual mission service, either as a vocational or ordinary missionary, a personal challenge to every crusader whether he be cleric, religious, or lay. If our non-Catholic American students, the Protestant Volunteers, have the moral courage to ask their members to volunteer for the missions, as a condition of membership, is it fitting that we of God's own household should ask less of our students, especially when there is a vital sense in which every Catholic is called to a missionary career?

This is no new doctrine in the Catholic church. It is as ancient, both in theory and in practice, as the Church herself. Indeed, the greatest missionary conquest of all time, the conversion of the Graeco-Roman world, was largely the work of the ordinary missionary. It is a striking fact that the name of only one vocational missionary, Pantaenus of Alexandria, is preserved for us from the apostles to Constantine. That there were others is clear from the very special characteristics by which apostles were described in so many ancient writings. These apostles, however, must have been comparatively few in number, otherwise more names would have been preserved, and also for the reason that these so-called charismatical offices, apostles, prophets and teachers, very soon devolved upon the clergy and people at a time when the terrific struggle between Christianity and Paganism made every Christian conscious of his missionary career. So deeply impressed were the early Christians by the supernatural character of the Christian religion, which stood out so strikingly in contrast to the debacle of Paganism, that they led holy lives, often sealed by the blood of martyrdom. It was this preaching by deeds more than by words that transformed this ancient Pagan culture into the first Christian civilization. It was not only the bishops and priests and monks and consecrated virgins but it was also the butcher, the baker, the candlestick maker, even the slave, that con-

verted the pagans who came into the contagious zone of Catholic life. It was in particular the merchant and the soldier who carried the Gospel beyond the confines of their native villages, towns and cities.

These laymen spoke a language which was understood often more readily than the words of bishop or priest. The conversion of Knute Rockne, the famous and lamented football coach of Notre Dame, is a good example, in this our day, of the kind of lay mission work that reaped so precious a harvest amongst the early Christians. It was in between halves of a game in California where victory meant national championship for Notre Dame, when the captain of the team told Rockne that the warm weather was against his men and that it would be difficult to win. In his own way Rockne told the captain that they had to win and that if they did he would give the whole team a trip such as they had never had before, and would leave it to them to name the destination. The men went back into the game with renewed courage and gave their coach what he had wanted so much, the national championship. On the way back home Rockne was anxious to know what the men had decided regarding the trip, for, despite his generosity, there were obvious limits to his purse strings. The captain assured Rockne that they had not yet made up their minds.

After the Christmas vacation, Rockne again asked the captain for the destination. It was then that the students insisted that Mrs. Rockne must be consulted. This was getting too complicated for the famous coach, and he urged the men to come to a decision at once. Finally, in February when Rockne was becoming worried, the captain almost took the great coach off his feet by assuring him that there was only one trip that would give his men real pleasure—the trip of Rockne to the baptismal font in the Catholic Church. Rockne was amazed because he knew what a trip meant to buoyant youth. Besides, he had decided upon Europe. If these men were willing to forego such a trip for his becoming a Catholic, then he began to realize, for the first time, the profound significance of such a step better than he had ever before in his life. He understood this language. After thinking it over for several days, Rockne agreed to take instructions. He was baptized the following Holy Saturday and made his First Communion with his own boys Easter Sunday morning. In a few words then it was the ordinary missionary, like the boys of this famous team in our own day, who so long ago brought the Graeco-Roman world to the channels of grace established by the apostles and made all men to drink of the same.

I do not think I exaggerate in calling this conquest the greatest in mission history because subsequent victories, the conversion of the Celts, the Germans and the Slavs, during the middle ages, and of the Americas in the years of discoveries, was a simple matter in comparison to the Christian transformation of the Roman Empire. It was simple because the Irish, the Germans, the Slavs and the Indians were what we would today call aboriginal peoples, free from the obstacles of a vitiated religious culture such as that of the Graeco-Roman world. For the same reason today the slowness of the conversion of Japan, China, and India, is due largely to the fact that these countries possess an ancient religious culture with which they are spiritually satisfied and from which only the ordinary missionary, the natives themselves, will in God's own time bring the bulk of these nations to the foot of the cross by the irresistible argument of Christian life. For this reason Pope Leo XIII has well said: "Thou wilt be saved, O India, through thy own sons."

The third element of the mission program is money. There was a time, during the ages of discovery, when Catholic governments like Spain and Portugal financed the mission activities of the Church. For example, about the year 1630 Spain had built and maintained over 70,000 churches in Mexico and South America. But today there is no government upon which the Church can depend for such a service. Hence, it devolves upon the ordinary missionary, that is every Catholic everywhere, to sacrifice the funds necessary for mission work. Perhaps it is better so because this gives a practical opportunity, for every Catholic, to participate more and more in missions everywhere.

Realizing full well that without funds missionary work cannot go on, and, despite the fact that I have spent the twenty-one years of my priesthood begging money for missions, I am convinced that dollars and cents are the least important of the three essentials in the mission program of the Church to emphasize here. I say the least important, not because without money missions will go on just the same, but rather for the reason that funds are indirectly included in the other two elements. Where prayer and missionaries, both vocational and ordinary exist, funds will be forthcoming. Where prayer and missionaries do not exist, there will be precious little money for the missions no matter what you do or say. Hence, the ultimate solution of the mission-finance problem is to make a missionary out of every Catholic.

As this is primarily a question of mission education and since

this is the avowed purpose of the C. S. M. C., would it not be in order for this convention here assembled in Dubuque to take some practical steps to emphasize the missionary vocation of every crusader just as at Notre Dame, twelve years ago, we put mission study into the program of Crusade activities?

To emphasize the missionary vocation of every crusader is a much more difficult task than to inaugurate a study program. It is to call every crusader to actual mission service. Vocational missionaries will be the least of our troubles because they will enter some missionary society or religious community which will have the task of making missionaries out of them. Our greatest problem is going to be with the ordinary missionary who, in order to be a missionary in any real sense, will have to copy as far as is practical the spiritual life of the vocational missionary.

There is both the rub and the glory. Missionary work demands virtue and sacrifice.

This is a great spiritual undertaking. It is nothing less than the call upon all crusaders to translate into the convincing language of action the supernatural ideals of Catholic life. After formulating these ideals in the eight beatitudes, and before going on to illustrate them in the Sermon on the Mount, Our Lord gives the only successful way these ideals can be propagated to others, namely, by example: "You are the salt of the earth. But if the salt lose its savor, wherewith shall it be salted? It is good for nothing any more but to be cast out and to be trodden on by men. You are the light of the world. . . . So let your light shine before men that they may see your good works and glorify your Father who is in heaven."

Besides virtue, missionary work also demands sacrifice. Our Lord saved the world on the cross, and only from this throne can His Gospel be successfully preached to others. "The apostles of the Crucified, if they would resemble Him, must be clothed with dyed garments, crimsoned, like the seamless robe of the Master, with their own blood. St. John the Baptist, the first preacher of penance, was a martyr. All the apostles save one, were martyrs. Fifty-two Roman Pontiffs in lineal succession from St. Peter gave their lives for the Faith. The only three great names in early Christianity which are not written in blood are those of the Blessed Virgin, Mary Magdalene and St. John, who alone stood at the foot of the cross and had their martyrdom there. Even the heathen, as Tertullian observes, at length sensed the truth that the blood of martyrs is the seed of Christianity."

Few of us will be required to witness to the truth by the shedding of our blood, but every one of us will be called upon to make real sacrifices for that truth. To bring that truth to the heathen means giving up what is dearest to the heart of man, country, home, life. The supernatural character of Christian life can be brought home to non-Catholics around us only by the struggle which is implied in living up to that truth in our dealings with them; and since these dealings are largely through our lay people, they will be the most effective missionaries.

Difficult as our work will be, let us take courage from the example of the first apostles. They were eleven simple fishermen, one tax collector, and, if we add St. Paul to the original twelve, one student. But by the grace of God these men laid the foundations of Christian civilization throughout the world. If the Crusade would really take this message to heart, I can see the day when it will effect a glorious advance in the conversion not only of America but also of the world: American vocational missionaries will be counted not by a few hundred but by many thousands; an ever-growing priesthood, on fire with zeal, will strain at the leash to feed and slack the thirst of those hungering and thirsting for eternal life; holy brotherhoods and consecrated sisters will abound not only to teach Catholic youth the elements of knowledge but also to inoculate them with the contagion of missionary zeal; and, above all, a loyal Catholic laity, men and women mingling with their fellow non-Catholics in every walk of life, from the judge's bench to the humblest workshop, and witnessing to the heavenly character of Catholic life by the invincible language of action.

MEDICAL MISSION ACTIVITY IN HOLLAND

By Dr. E. H. Hermans *

In recent years Holland has gained the reputation of being a "missionary country." This is rather remarkable when one considers that Holland itself was a mission country up until 1854 and that only about 3,000,000 of the inhabitants are Catholic. At present about 150 missionaries are sent out annually to the missions. This proves, better than many words, that our country is thoroughly mission-conscious.

Medical Mission work is a very young and relatively small branch of the large tree of mission activity in Holland. The impetus to undertake this work came from the Students' Mission Club of Amsterdam. A series of lectures, articles in student magazines and papers and a Medical Mission Exhibit prepared the way for the first *Medical Course for Missionaries,* given in Amsterdam, October, 1921. The course lasted 10 weeks and was an all-round success.

However, it soon became clear that the constantly shifting and changing student world was not able to secure the continuity and stability of the work. This first course, a firecracker rather than a steady burning fire, did not lead to further development among the students, and medical mission enthusiasm in general seemed to languish.

In October, 1925, Father Schiphorst organised the "Dutch Medical Mission Committee," whose members, doctors of Rotterdam, took up the work where the students left off. In 1927 the *Second Course for Missionaries* was given in Rotterdam. Since then our work has expanded considerably and in manifold directions.

We have already noted that annually about 150 missionaries leave their home country to devote themselves to the care of souls in the missions. Many of these live in treacherous tropical climates and in contact with dangerous diseases, far away from any professional medical aid. To send out missionaries without any knowledge

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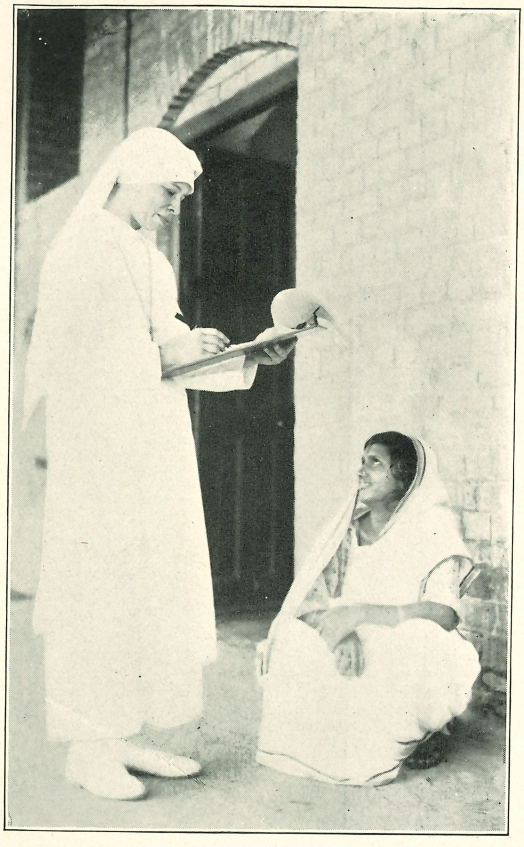
* Dr. E. H. Hermans is the technical leader of the "Medisch Missie Comite" in Holland, and the editor-in-chief of the publication of that association, the "Medisch Missie Maandblad."

Happy Mothers



Sister M. Thomas Takes a History

Little Sister Plays Nurse for
Her Brother

The Daily Task

of the prevention and cure of those diseases is nothing short of inexcusable. On the Gold Coast of Africa lie buried more than 300 young missionaries who died shortly after their arrival. In many regions statistics show that the missionary's life is 14 years shorter than that of an ordinary European in the tropics. All these losses could largely be prevented.

But the preservation of their own health is not the only reason why missionaries should be instructed in the rudiments of tropical medicine. Many missionaries see more patients and meet with more baffling cases than an ordinary doctor in a European or American hospital. They encounter epidemics such as are unknown in our climate. They live among peoples that do not know even the first principles of hygiene. And we, who possess the necessary knowledge and are able to instruct them, how can we suffer our priests, brothers and sisters to depart without offering them a helping hand? We have made it our duty to put our knowledge, energy and time at the disposal of our missionaries, thus uniting ourselves to the best of our ability with their heroic efforts to win the pagan world for Christ.

It must be understood, however, that it has never been our intention to make doctors out of our missionaries. We know very well that the care of souls is their first and foremost task and that this task is heavy enough. If there were enough doctors in the field we would not think of burdening our missionaries with this work. That is not the case, however, and will not be the case in the near future. The six weeks of medical training, crammed full as they are with the theoretical and practical instruction, are no more than a bare minimum, for those who will do non-professional medical work.

With the passing of time the number of teachers and of the subjects handled in this course has increased somewhat. The reason is rather a specialization than an augmentation of the subject-matter. Tropical medicine and general pathology are the main subjects. At the special request of our students we pay particular attention to the practical side of the instruction, such as first-aid, nursing, dispensing, dentistry, dressing wounds, etc. At the same time epidemiology and parasitology are not forgotten, and the letters of our alumni assure us that this theoretical knowledge may prove very practical indeed.

The six weeks of study and practical work in the various hospitals of Rotterdam are brought to a close with an examination. A special certificate, conferred by the Committee, and the Red Cross Certificate are given to those who pass the examination. Notwithstanding the hard and tiring work which the missionaries have to

put forth to follow the course with success, these weeks of constant intercourse always result in amiable and friendly relations between students and professors. Nor is this bond broken at the end of the course. Several means, a few of which we will describe in more detail, have been devised to keep up this contact.

Our *Bureau of Advice* has the special task of answering questions on medicine or hygiene which our missionaries in the field send us. Many puzzling cases have in this way been solved. Often we have had to have recourse to specialists in tropical medicine or parasitology to clear up these difficulties. As it is easy to understand that advice alone would be of little use to a missionary who lacks the means of putting it into practice, the answers to difficulties are usually accompanied by the necessary drugs, instruments, dressings, books, etc. Another detail is the work of the "Linen-closet" which takes care of the domestic side of the hospital or dispensary in the missions. Clothing and bedding may seem a very prosaic and minor detail in the care of the sick, but one glance at the patients who arrive at the mission hospitals would convince us of the importance of these articles.

Whenever one of our missionaries' letters, containing a plea for advice and help, is of general interest for all missionaries it is discussed in our magazine, the *Medisch Missie Maandblad.* This monthly review also acts as a source of information and instruction. Articles on the treatment of tropical and cosmopolitan diseases are printed in every issue. When in 1934 Holland started its monthly broadcast for missionaries in the field we took charge of the medical talk which always forms part of the radio program. These talks are usually printed in the *Medisch Missie Maandblad.* Besides these medical articles and the official communications of the Committee, we try to keep our readers informed about the progress of medical missions in general and of the various efforts of other medical mission organisations.

Since July, 1928, when we started our magazine, the work has grown and expanded rapidly. One of our first institutions was the *Board of Physical Examination,* established in September, 1928. The purpose of this Board is to give every outgoing missionary a thorough physical examination in order to be sure that his health and constitution will stand the change in climate, food, work and way of living.

We have seen too many missionaries whose health broke down entirely after a few years of work in the tropics. This physical,

moral and financial loss could have been prevented through the advice of a doctor. A board of specialists such as ours, with several years of experience in this work, possesses all the qualifications for giving sound advice. The majority of missionaries who come to be examined are declared "fit for all missions." The verdict "absolutely unfit" is given only after long and serious discussions and in cases of absolute necessity. More often some temporary impediment is discovered which can be removed before departure. In other cases a special field or kind of work is recommended. In 1930 the Board examined 105 candidates, while in 1933 the number grew to 159. This is an eloquent proof that our physical examination forms part of the preparation of almost every Dutch missionary and enjoys the confidence of our missionary congregations.

In 1930 we made a beginning with our *Medical Mission Statistics*. The importance of this means of knowledge in the field of medicine is universally recognised. Statistics show us the chief causes of death, the danger period in life for various diseases, the prevalence of certain infections in certain regions. Every civilized country has its statistics of sickness and death, but for the tropics these data are often wholly lacking. We have secured the cooperation of nearly all the Dutch missionary congregations (55 in November, '32) by the promise of secrecy in the matter of persons and names. Although the *Medical Mission Statistics* have been for too short a time in process of being gathered to draw from them any important conclusions, they have taught us several interesting things and have confirmed many impressions which heretofore lacked definite proof. For example: Typhus, malaria and tuberculosis were found to be the chief dangers for our missionaries, together causing 50 per cent of the total number of deaths. Victims of malaria and tuberculosis are usually still in the prime of life, the majority being less than 35 years old. These instances can and will be multiplied considerably when our statistics grow older. They will also become more trustworthy in proportion as more missionaries are added to our lists.

To make our work better known in Holland we use, besides the magazine and occasional lectures by members of the Committee, as a very effective means our *Medical Mission Museum*, a collection of 300 pieces, such as pictures, charts, models, statistics, etc. This Museum is used as Exhibition material and seems to have a particular appeal for the visitors of the mission exhibits where we have displayed it. In the summer of 1934 we received the flattering invitation to send our museum over to Ireland as a part of the large Mission

Exhibit in Dublin. To us it is quite clear that a large amount of interest in medical missions lies dormant within the mind of the public. This is only as it ought to be for the fate of our missionaries and the pitiful suffering of the natives must be of interest to one whose heart is not altogether dead to his neighbor's welfare. Bodily suffering is one of the quickest roads to sympathy.

Several other plans feature the program of the Medical Mission Committee, among which we name especially our study of the problem of recruiting lay-doctors for the missions. We realized long ago that qualified doctors are sorely needed if we wish to bring the medical and hygienic standards of the mission territories up to Western norm. Difficulties and obstacles of a practical nature have delayed the execution of this plan, but we hope that the day is not too far off when Holland will have its own army of mission doctors, who will be the trusted and efficacious helpers of the missionaries.

In the meantime we cannot do better than to keep up the work we have begun and to perfect it as much as possible. To protect missionaries from the dangers which surround them in their work and to give them the means to alleviate the sufferings of their flock is the way we have chosen to extend the Kingdom of God on earth, indirectly but effectively.

R. I. P.

In the sudden death, on June 25, 1935, of the Rt. Rev. Msgr. Canon Maurice E. Carton de Wiart the Society has lost a devoted friend.

From the beginning of the Osterley foundation, Cardinal Bourne appointed Monsignor Carton de Wiart to make the annual visitation. He was a wise and kindly father to Mater Christi's daughters and always ready to give advice when called upon.

Monsignor Carton de Wiart labored for 27 years in the Archdiocese of Westminster. The foundation of St. Andrew's Hospital, Dollis Hill and the Society of Our Lady of Lourdes (with its present membership of over eighteen thousand) both bear witness to his talent for organization and his executive ability.

Many were the recipients of his great generosity, of his quiet unobtrusive kindliness. A great and holy priest has been taken from us. May he rest in peace.

SOCIAL AND MEDICAL ASSISTANTS

By ABBE JULES DECLERCQ, Algeria, North Africa

Origin and History.—There lived in Rivet (Algeria) in 1928, a generous and truly Christian colonist, who saw clearly the misery of the native laborers and also of the so-called Christians of the country. He then conceived the idea of establishing on his grounds a work of charity for the natives of that region. From the beginning the care of the sick and social work in all its aspects, especially in behalf of the women and children, were points on the program.

A house, located in an open field, was obtained. It was an old farm house which in the course of time had been used as quarters for galley slaves but was now deserted and yet fairly inhabitable. The personnel consisted of two young girls, one of whom knew the Arabian language and the native milieu perfectly, and the other had just come from Europe. At the head of the work was Abbe Jules Declercq, at that time pastor of Rivet.

It soon proved necessary to consider means of assuring the continuity and stability of the work. An association was founded in conformity with French laws, and took the name of "Association des Infirmières Catholiques de L'Afrique du Nord" (Association of Catholic Nurses in North Africa). This title was later changed on account of the dislike for the name "infirmières"; it became "Assistantes Medicales et Sociales" (Medical and Social Assistants).

The first resources had come from a few benefactors. With the purchase of the first load of medicines the work could begin. Fortunately the Red Cross, the municipality and the government of Algeria agreed to support the foundation financially. Until 1934 the principal drugs were furnished gratuitously by the Board of Public Health. During that year of depression supplies diminished and threatened to stop coming in altogether. Several student mission clubs in France collected a supply of patent medicines and the Guide Missionnaire (Father Loiselet, S.J.) established favorable relations between personnel and the manufacturers.

Ever since the work started the nurses have been going to the village to aid the municipal doctor when he held his clinics for the natives, twice a week. Their home is two miles distant from the

village! On other days, they take care of those who present themselves at their home. The number of patients increases daily. Several of the girls from the neighborhood come to receive instruction in the native arts.

In June, 1929, a dispensary was established in the village proper. It is a very simple affair, however cleverly conceived and executed. It consists of two waiting rooms, a consultation room, dressing room, dispensing room, a little chapel which later became a wardrobe and disinfecting room, and the apartments for the personnel.

The recruiting went hand in hand with this material development; the work, begun by two young girls, received numerous applications. These vocations were all more or less missionary in nature; unemployed nurses, persons who desired to devote themselves to the missions but who still retained some attachment to the world, etc., applied for admission. The way of life to be adopted constituted a difficult problem.

Until 1931 the association developed autonomously. Persons who were well informed about the kind of apostolate we had undertaken, and also persons in government circles, gave us useful advice and so sustained our courage. Difficulties were not lacking; mistakes, criticisms, misunderstandings, financial uncertainty, all that falls to the lot of every new work. How many times have we heard the remark that it was a waste of time to attempt missionary work among the Mohammedans! As if a veritable malediction rested upon them!

In 1931 Mgr. Olichon, president of the Missionary Union of the Clergy in France, proposed to us a solution for our difficulties. This consisted of a fusion of our work with a young congregation in France, the Servants of Jesus the Eternal High Priest. The purpose of this congregation is to aid the parochial clergy in its ministry, and so it could very well adapt itself to our semi-missionary life. We had come to the conclusion that it was necessary to have a regular novitiate and a complete religious life in order to make community life possible; to diminish the causes of failures; and to help our members to persevere in their vocation. The fusion with the Servants of Jesus the Eternal High Priest providentially put an end to our trials. It gave us a canonical status, together with a spirit identical to our own.

Our nurses wholeheartedly entered the novitiate. Two of them have already made their profession, and this year they took over the station at Rivet. This place had been kept provisionally by

associate members of the congregation, who were awaiting their turn to make the novitiate.

The liturgical spirit of the congregation, including recitation of part of the Office and meditation, will bring to our country an example of charity well supported by spiritual forces. The priests in rural parishes are often hampered in their apostolate through lack of contact with the natives; but we are not a missionary country, properly so-called, as the parish priests are the only ones to spread the faith in these territories, where there are, besides some hundreds of Christians, thousands of natives. Nothing is being done for the latter. Very few priests ever think of them. The foundation of houses by our Society will aid those priests who are concerned with the welfare of the natives and will perhaps give to others the impetus to do something for them.

Method.—We have already said that our region is not, strictly speaking, a mission country. Algeria is divided into dioceses (Algery, Oran and Constantine) which do not come under the jurisdiction of the Sacred Congregation of Propaganda. The clergy generally only concerns itself with the European population. In Rivet there are 850 Europeans. These are listed in the statistics of the diocese; while the 5,600 natives who live here are not even mentioned.

These conditions prevail in practically the whole of North Africa, part of Kabyl, the Sahara and the less explored regions of Morocco. Missionaries do not like to undertake work in these areas, for their ministry would have to include the Europeans and that is not according to their vocation. Except for the Mohammedans in the missions of Kabyl and the Sahara, entrusted to the White Fathers, the great mass of them are practically abandoned.

The Christianity which these Musselmen know is that of Catholics of very little fervor, who generally give bad example because they do not practise Christ's commandments. The two races mix continually, on account of professional duties and the work in the large factories and trades. To conduct a mission among the Mohammedans, outside of these nefarious influences, is to labor in a mere utopia. In these unfavorable but inevitable conditions we must undertake our apostolate to the Mohammedans. To wait for more favorable circumstances would be to put off the work indefinitely.

Therefore, what we need is a rather pliable organization which, according to the circumstances, can provide both for the Christians and Mohammedans. While trying to reconvert fallen-away Catholics

we at the same time show the Mohammedans the beauty of Christian charity. In this way we reconcile the two races. We must have the courage to place ourselves between the contempt of the natives on the part of the Europeans and the hatred of the Mohammedans for the Christians.

Medical Apostolate.—The health of our native population is in a deplorable state; syphilis, malaria, tuberculosis and eye-infections ravage these districts. The infant mortality is very high (80 per cent); it is not unusual to meet a woman who has had ten children or more and who has but one or none living. The above mentioned list of diseases is a sufficient explanation for this death-rate. Malaria pulls down the resistance of the people. The majority of the children is affected; "enlarged spleens," characteristic of malaria, are very frequent. Eye-diseases and life in the desert go together. We often have occasion to draw the attention of visitors to these regions to this sad state of affairs. Tuberculosis also claims many victims. Native laborers often become infected while working in France and after their return spread the infection in their home country.

At first the patients mistrusted our treatment, but this was gradually and rather easily overcome. At present they come for treatment voluntarily. The afternoon is passed in trips in the mountains or on the plains to care for patients who cannot come to the dispensary or who do not think of coming. Care in the home, advice and aid of every kind, mutual friendship and confidence is the result of our work which is as social as it is medical.

To help our native girls we have opened a work room. This functions regularly every afternoon. While two sisters are en route the others (or the other, for there are often no more than three sisters here) stay with the children and prepare for the clinics of the following day (drugs, disinfectants, cards of identification, etc.). A new building, chapel and workroom have been constructed.

For a short time a maternity hospital was opened, but the proximity of Algery, the dislike of the native women, or better the prohibition of their husbands to go there, made us suspend this service. The nurses continue to care for the women and to help them in their homes at the time of delivery if they are called. In this way they do much good.

Formation.—The formation of our sister-nurses naturally is two-fold; religious and professional. Nearly all our sisters have either Red Cross or State Certificates. New sisters make their regular studies after the novitiate. This will enable them to do their

work more efficiently, because once they are here there are so many other things to learn. While the medical part certainly is very important, the study of the language and the accommodation to the mentality of the Muslim world are a great deal more difficult. It will be necessary to think of a house of formation on the spot, in Mohammedan surroundings. For the present the only house of formation is in Clamart (Seine), 9 rue du Montoir, France.

The postulate is six months and the novitiate two years. In the motherhouse the sisters wear a religious habit made on the Benedictine plan. Outside they wear a secular dress. During their work in the missions a nurse's uniform is worn.

Applications may be made to Miss Germaine Bellot, 9 rue du Montoir, Clamart, or to Abbe Jules Declercq, pastor of Rivet, Algeria.

Current Medical Mission News

A new public hospital for needy patients has been opened in the city of Ying Cheng, Hupeh Province, China, and entrusted to Chinese Sisters of the Third Order of St. Francis. The hospital was built with money contributed by owners of salt-pits in the prefecture of Ying Cheng. The Chinese Sisters who have charge of the hospital are from Hankow. The order has 61 members.—*Fides.*

The Protestant South Travancore Medical Mission Hospital at Nellikkakuzhi has been purchased by His Excellency Mar Ivanios, Archbishop of Trivandrum, for 1,900 rupees. Mar Ivanios plans to pay off this debt with funds which he hopes to receive from people interested in Catholic medical mission work.—*Fides.*

The Archbishop of Colombo has opened a beautiful institute for deaf-mute and blind children in the city of Ragama. This home, which is the first of its kind on the island of Ceylon, is under the direction of the Sisters of Our Lady of Good Help.—*El Siglo de las Misiones,* August, '35.

The Medical Mission Institute of Würzburg recently sent out several of its members to the mission field. They are: Miss Bertha Spinneweber, nurse and midwife with English certificate, to Kim-

(*Continued on page* 192)

Book Reviews and Review of Reviews

AU SERVICE DES LEPREUX. Edited by the Institute of the Missionary Sisters of the Society of Mary. Lyons, Audin & Cie. 1932.

The history of a leper asylum is a story of heroism, not the short-lived nervous courage of the battlefield, but the bravery of day-after-day toil under the most nauseating and repulsive conditions.

In 1911 the English Government decided to open a leper asylum on Makogaï, one of the Fiji Islands. An Irish doctor and two native doctors were chosen to direct the establishment, but for the nursing, the hardest part of all, none but Catholic sisters could be found.

From the arrival of the two French sisters of the Society of Mary and their few native helpers who received the first band of twenty lepers, to the large and well-organized leper colony of today is a long and touching story, told in the most exquisite French and enlivened by an abundance of pictures. Perfect cleanliness and order, a happy and healthy life in the balmy climate of this little isle in the Pacific, and the constant care of the sisters surely contribute as much towards the well-being and cure of these lepers as the daily treatment of chaumoolgra oil and the other preparations.

In recent years leprosy has lost the characterization of "absolutely incurable," and it is obvious that the hope of being cured has brightened the atmosphere of the leper hospital. There are still many more whose disease is beyond cure or whose infections defy treatment. Happy those sufferers if they fall into the hands of Catholic sisters who can reawaken their joy in life with the hope of an eternal city, and who can teach them the value of suffering.

The Missionary Sisters of the Society of Mary are well known in America, but no better means of propaganda could be found than an English translation of this beautiful book: *"Au Service des Lépreux."*

IDEAL MOTHERHOOD, by Dr. Mary Kidd. Burns Oates and Washbourne, Ltd. London, 1934.

This small booklet, written by a doctor with a heart full of sympathy and a large practical experience, will help many women to face motherhood with joy and confidence. Indeed, when we compare the excellent care and instruction which every mother can obtain

freely and easily in our civilized countries with the conditions in India or China, it is hard to understand why "Ideal Motherhood" should not be the rule in Europe and America. Therefore we welcome with especial gratitude the last chapter on confidence and courage, for there is no better help to face the difficult hour than the joyous desire of children.

BAPTISM OF THE INFANT AND THE FETUS, by the Rev. J. R. Bowen, St. Joseph's Mercy Hospital, Dubuque, Iowa. May, 1935.

The administering of baptism in danger of death is the beautiful privilege of a doctor or a nurse. This small pamphlet has put together in clear and concise form all that should be known to baptize properly in all emergencies. The small size and low price will enable it to be spread far and wide, and we sincerely hope that the mission field may be included in this distribution.

L'AIDE MEDICALE AUX MISSIONS. Brussels. July, 1935.

The A. M. M. of July begins with a sad note. Sudden death has taken away the hard-working and much loved chaplain of the association, Father S. Vermeulen, S.J. From the beginning of the work Father Vermeulen had devoted himself heart and soul to the difficult pioneer labor of medical missions. His death is a great and painful loss to all the centers of the A. M. M.

The report of the Medical Mission Day in Brussels, May 31, consists of two articles. The president, Dr. Fernandes, after a short word of welcome, proceeds to explain the first point of the program: "what has been done up to the present in the field of medical assistance to the missions." Dr. Fernandes restricts his discussions to these two aspects of the problem: the medical training of every missionary and the employment of lay-doctors in the missions. The second speaker, Dr. Pasteau of Paris, completes the foregoing speech by giving statistics on the status of medical missions (slightly out of date), but lays the emphasis on the second point, that of sending out lay-doctors, whenever possible with government-aid. The discussions which follow show the many difficulties and disadvantages connected with such an undertaking.

We are sorry to note a serious lack of completeness in this account, historical as well as theoretical. Many sides of the problem have not even been touched upon and a clear understanding of the underlying principles in this new branch of mission science seems to be lacking. It takes more than generous good will to write a "theory of medical missions."

"Preventive Medicine and the Missions," by Dr. Maroy, is a dis-

cussion of the means to protect and improve the health of missionaries by physical examination, vaccination, medical instruction and medical treatment after return to the home-country. The report of the ladies auxiliary and the latest news of the various centers complete the issue.

MEDISCH MISSIE MAANDBLAD. Edited by the Dutch Medical Mission Committee, Rotterdam. March and April, '35.

Dr. Hermans opens the list of excellent articles in the March issue with a discussion of the "Social Work connected with venereal diseases." The various American and European "follow-up" systems here described are perhaps not always suitable for the tropics, but with an adaptation according to local circumstances they will be equally successful.

The medical talk for this month treats of the connection between rats and plague, that dreaded disease of Europe in the Middle Ages which is still extant in the tropics. The extirpation of rats, particularly the domestic rat, is the best means of prevention, although vaccination is also possible. Several practical hints on the treatment of plague-patients complete this valuable medical instruction.

The next article continues in the same trend to explain the diagnostic value of infections of the inguinal glands. Finally two letters of missionaries are given, showing all the humor and pathos of their efforts to help the sick.

The April issue features the annual report of the Medical Mission Committee. Notwithstanding the depression we notice a steady increase in nearly all the branches of activity. With especial pleasure we read the announcement of a Dutch textbook for missionaries, which will preserve and complete the teaching of the annual medical course of Rotterdam. A few letters from missionaries and the chronicle of medical missions tend to stimulate interest and generosity among the readers, for an account of what is being done forcibly throws into relief all that is still awaiting to be done in this sadly neglected branch of mission work.

ZEITSCHRIFT FÜR MISSIONSWISSENSCHAFT. Editor, Prof. Dr. J. Schmidlin. Münster, January, 1935.

Several months too late we received the Zeitschrift of January, 1935. However, the first article, written by Prof. Schmidlin, not only took away the surprise caused by the delay but changed it into wondering how this issue ever passed the German frontier at all. "Foreign Missions and Modern Paganism" is no less than a forcible and logical exposition of that modern worse-than-paganism which calls itself the new religion of Germany. Nothing but real missionary zeal

of priests and laity will be able to reclaim those who have exchanged faith for superstition, Christ for Wodan and authority for tyranny.

Father Gregorius, O.M.Cap., gives a description of the complicated school-system in the Dutch East Indies which can only be understood when we know the ethnological and historical problems connected with it. Indirectly this system also affects the mission schools.

A complete summary of the progress of Protestant Missions all over the world is the work of the well-known Münster Seminar. Among the smaller articles we note a review of the Canadian Mission Week of October, 1934, and a discussion of the rapid increase of religious sects in Japan. The book-reviews are numerous and thorough as usual. Finally, a mission bibliography of 1934 by Father J. Rommerskirchen, O.M.I.

ETUDES MISSIONNAIRES. Under the patronage of the "Amis des Missions." Paris. April-June, 1935.

The history and present state of Manchuria form the subject of a well-documented study which opens this number of the Etudes Missionnaires. The brilliant past of the original inhabitants of Manchuria has given way to a sad present of continual invasions from Chinese and Japanese quarters, so that hardly 1,000,000 survivors of the ancient noble race are left among a population of 30,000,000. For the missionaries this fact naturally constitutes many difficulties.

The attitude of the missionary towards pagan superstitions has always been a point of discussion and dissension among missionaries and scholars. Father Laydevant, O.M.I., sees the best solution in an indirect combating of these ancient and deeply rooted customs. A gradual deepening of the religion of love in the souls of the new converts will ipso facto abolish these acts of fear. "A Church in Native Javanese Style" touches a point which has received much publication in recent times, that of accommodating church art to native style. More than many theoretical discussions will this description of a simple and cheap Javanese church help towards the building of similar edifices, to the benefit of the missions.

"Religious Ideas of the Natives of Cabinda" and "The Myth of Olinga Ngangoa" both are welcome material for ethnologists who study these African tribes, and the report of the International Conference on Labor merits the attention of all missionaries who come in contact with forced labor. A bibliography of German books and articles on missions published during the last 10 years ends up this number.

IL PENSIERO MISSIONARIO. Edited by the Missionary Union of the Clergy. Rome. July, 1935.

It is no exaggeration to say that the subject "Native Clergy" occupies the front page in contemporary mission interest, among scholars as well as laity. The rapid progress in the number of native priests and the high ecclesiastical dignities which our present Holy Father does not hesitate to confer on these priests naturally raise the question: Why has this most vital method not been used earlier, why have we waited till the present time to do the thing that should have been done immediately: to plant a native Church? Father Perbal, O.M.I. answers this question and refutes the implied accusation by a historical survey of several mission countries. It must be acknowledged that racial pride and ethnological ignorance have played their part, but there is no doubt that circumstances beyond human control have crushed the most idealistic plans of raising a native clergy.

"Oriental Students in Europe" is written by the director of the newly established "Center for Oriental Students" in Marseilles. Students in European Universities are taking a keen interest in the fate of their Oriental colleagues who often come in contact with the worst side of Western culture. The centers for Oriental students which exist at present in Louvain, Freiburg, Paris, Lyons and Marseilles, have been established to show them the true character of Christianity, and in spite of many difficulties are living up to their purpose.

Hudson Bay and Montagna of the Philippine Islands, though widely separated on the globe, are brought together in the section "From the Mission Field," and 50 pages of reviews (books and articles) form the end of this issue.

INTERESTING ARTICLES IN FOREIGN MAGAZINES

"A Missionary Need," Catholic Women Doctors, by V. M. Crawford, in "The Irish Rosary," June, '35.

We wish to acknowledge with gratitude this Irish exposition of our life-work, that of medical assistance to women in the mission countries.

"La Méthode du Dr. Ma Wen Chao pour la Guérison des Opiomanes," by Father J. Rutten, in "Collectanea Commissionis Synodalis," May, '35.

Father Rutten here describes a new method of curing opium-addicts, which has some real advantages: no forced withdrawal of opium, no distressing symptoms, in one word, a comfortable and complete recovery within

three weeks, and that with the cheap and easy remedy of lecithin out of soy beans. Father Rutten wants all his missionaries to try this new method and report its result to him.

"Les Missions en Chine et l'Oeuvre d'Assistance Médicale," in "Revue de l'Aucam," July, '35.

The attitude of Chinese authorities at present is very favorable towards all kinds of medical work. This should contribute considerably to rapid progress in Catholic medical missions.

"La Fomulac, Fondation Médicale de l'Université de Louvain au Congo," by Dr. L. Morelle, in "Revue de l'Aucam," May-June, '35.

A complete medical training of the natives as nurses and eventually as doctors is the purpose of the Fomulac. The centers in Yasa and Katana and especially the hospital and nurses' training school in Kisantu are working hard for this end.

"Serviteurs des Lépreux," in "Revue Missionnaire," July, '35.

At present twelve leper asylums are under the spiritual direction of the Jesuits. Those of Culion in the Philippine Islands and Marana, Madagascar, are the best known.

"So Wollen Wir Leiden!" and *"Aus dem Tagebuch einer Aussätzigen,"* in "Weltmission," June, '35.

May the life-story of several suffering missionaries and above all the diary of a young girl affected with leprosy help to foster interest in the medical apostolate.

"Las Misiones Catolicas y los Leprosos," by Carlos Gomez Martinho, S.J., in "El Siglo de las Misiones," August, '35.

Among all the various accounts of mission work among the lepers, published on the occasion of the mission intention for August, that in the Spanish mission magazine "El Siglo" is outstanding for its completeness and its deep insight into the medical as well as the missionary side of this work.

"La Société Coöperative Catholique de Crédit au Chota-Nagpore, Ranchi," by C. Vanhoutte, S. J., in "Revue Missionnaire," June, '35.

The report of the 25-year-old Coöperative Credit Society in Chota-Nagpur is a clear proof of the beneficial influence of this society on the temporal well-being and indirectly on the eternal salvation of the aborigines.

"Ahmadis et Mirzaïs," in "Les Missions Catholiques," April 1, '35.

A description of the origin and history of this Moslem sect is especially interesting by reason of the "missionary attitude" of this sect towards Christianity.

"Diamantener Erntefestkranz von den Missionsfeldern des S. V.

D.," by Anton Freitag, S.V.D., in "Die Katholischen Missionen," July, '35.

Father Freitag writes a complete survey of the missions entrusted to the Fathers of the Divine word, on the occasion of the sixtieth anniversary of this society. In this number the subject is China.

Current Medical Mission News

(*Continued from page* 173)

berley in South Africa; Dr. Ludwig Lehner to Yenki in Manchuria; and Dr. Alois Nöth to Onitsha in South Nigeria.—*Jahrbuch,* 1935.

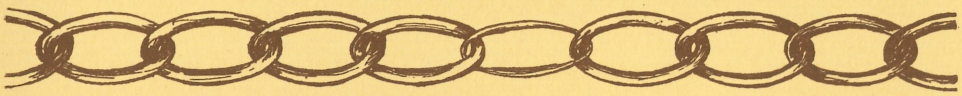
The unexpected success of the medical section of the Dublin Missionary Exhibition, in 1934, lead to the introduction of a Summer Course in Tropical Medicine, given in University College, located in the same city. The first course was held from July 15 to the 27 and was well attended. Seventy-one missionaries from all over Ireland made use of this opportunity to become acquainted with the fundamentals of medicine and more particularly the diseases of the tropics. University College, the Mater Hospital and St. Vincent's Hospital tried their best, by way of instruction and practical training, to make this course a valuable aid to Ireland's foreign missionaries.—*The Far East,* Sept. '35.

During the last few years the Passionist Missionaries in Hunan, China, have lost five missionaries: Father Leech, C.P., Sr. Devota Ross, Dr. Ilse Lauber, Sr. Clarissa Stadtmiller and just a few weeks ago, Fr. McCarthy, C.P. The chief reason for these great losses is the utter lack of medical care in that part of the missions. Father Theophane Maguire, C.P., proposes to raise a sum of $40,000 for the building and equipment of a hospital, which will prevent many such unnecessary sufferings and untimely deaths, besides being a means of establishing contact with the Chinese. The "Sign" has established a "Hospital Fund," to collect donations for this purpose and confidently looks for a prompt and generous response from its readers.—*The Sign,* Sept. 1935.

Addresses of Our Missionaries

HOLY FAMILY HOSPITAL, Rawalpindi, India—Sister M. Laetitia; Sister Margaret Mary; Sister M. Ann; Sister M. Christine; Doctor Eleanor Stern; Sister M. Magdalene; Sister M. Thomas.

MITFORD HOSPITAL, Dacca, Bengal—Sister M. Helen; Sister M. Frances; Sister M. Paul; Sister M. Therese; Sister M. Lourdes.



The Weakest Link

in the whole chain of Catholic missions is the medical apostolate.

The facts speak for themselves: of the 18,028 priests, 8,755 brothers, 50,555 sisters and 136,234 lay-assistants, representing the personnel on Catholic Missions,

ONLY 211 ARE DOCTORS.

There are, of course, many more nurses. But as the standards of training vary greatly throughout the world, it is impossible to give their number.

Numerically, there are not enough professional medical missionaries to provide for the mission personnel, not to speak of the native population. Hence, the

FIRST BIG NEED IS VOCATIONS

to this apostolate, and the

SECOND IS MONEY

to train those who have already volunteered.

As our needs are really pressing, please remember the first community founded in the Catholic Church for this purpose:

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES, INC.
BROOKLAND, WASHINGTON, D. C.

The Society of Catholic Medical Missionaries

The Society is a COMMUNITY of Sisters—doctors and nurses, who devote themselves to the care of the sick in mission countries.

Scope of the Work

The work extends to hospitals and dispensaries, medical schools and training schools for nurses, welfare centers, leper asylums, traveling dispensaries; also to visiting the sick in their homes. It affords an abundance of opportunities to combine the spiritual and corporal works of mercy.

Fields of Labor

The Society was founded for the purpose of sending qualified Sisters to India, China, Africa, and other mission countries.

Rawalpindi

At present the Society conducts a hospital for women and children in Rawalpindi, in the Mill Hill Prefecture Apostolic of Kashmir and Kafristan, India. Here, the majority of Mohammedan and Hindu women are still secluded and therefore can avail themselves only of medical aid given by women. From its beginning, this hospital has given training courses for Indian nurses in order to meet this need.

Dacca

In the Holy Cross Mission of Dacca, Bengal, members of the Society are entrusted with the nursing in the Mitford Hospital and the training school for Indian nurses. In the same city, they are in charge of two maternity and child welfare centers where they train native dhais for this work. They also make house-to-house visits for the care of the sick and the instruction of mothers.

The Sisters give classes in hygiene and home nursing in some of the schools of Dacca; also to groups of Indian women.

Requests to undertake work for the sick have been received from many mission bishops, thus showing the great need of vocations.

Requirements for Admission

The requirements for admission are:

1. A sincere desire to give oneself to God in the mission field.
2. Good health.

The age limit is 30 years.

The Society undertakes in suitable cases to provide the necessary education for all those who have not completed their studies for the medical or nursing profession. The scope of the work also calls for a large number who do not wish to do medical work directly. These do the non-medical work connected with every institution at home and in the missions.

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